PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

862, 02/09

		SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY						
TOTAL CLAIMS			(Column 1)		(Column 2)				OR I <b>r</b>		2157 ANI STANI
			34				RATE	FEE		RATE	FEE
			NUMBER F	NUMBER FILED		ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS 3			34 min	us 20=	. 14		X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS 8 minus 3 =					5	·	X40=		OR	X80=	400
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1/369
	CI			•	OTHER	THAN					
		(Column 1)	(Column 2)			(Column 3)	SMALL	ENTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
BEST AVAILABLE COPY							TOTAL		OR	TOTAL	
		ADDIT. FEE			ADDIT. FEE						
		(Column 1) CLAIMS		HIGI	mn 2) HEST	(Column 3)		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	·	PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)								OR	TOTAL ADDIT. FEE	
										ADDII. 1 CC	
		CLAIMS		HIG	HEST		<u> </u>	ADDI-		<del></del>	ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9=	, 64	OR	X\$18=	
	Independent	•	Minus	***		=	X40=			X80=	
₹	FIRST PRESENTATION OF MULTIP			PLE DEPENDENT CLAIM			A4U=		OR		
							+135=		OR	+270=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
**	If the "Highest Nu	ımber Previously F	aid For" IN TH	IS SPACE	is less tha	an 20, enter "20."	TOTAL ADDIT. FEE		OR		